

Department of **Environmental Protection**

Lawton Chiles Governor

Twin Towers Office Building 2600 Blair Stone Road Tallahassee, Florida 32399-2400

Virginia B. Wetherell Secretary

January 17, 1997

Ms. Cindy Vimont Concord Custom Cleaners Post Office Box 1000 Richmond, Kentucky 40476

Facility I.D. No. 0730087 (#081)

Dear Ms. Vimont:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 13, 1996.

Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements of the Title V general permit.

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office Bureau of Air Monitoring and Mobile Sources, MS 5510 Department of Environmental Protection 2600 Blair Stone Road Tallahassee, Florida 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the District or local air program compliance inspector in your area.

Sincerely,

Dotty Diltz, Chief

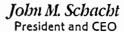
Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Charles Norman, Northwest District

"Protect, Conserve and Manage Florida's Environment and Natural Resources" •





January 17, 2001

£0730087

FDEP Air Resources Management Attn: Charles Norman 160 Governmental Center Pensacola, FL 32501-5794

Dear Mr. Norman:

Please accept this letter as notification that Phil Gorgas (Vice President - Facilities & Technical Support) is authorized to serve as our "Responsible Official" for all of our Concord Custom Cleaners locations in the state of Florida (please see attached list of locations). Mr. Gorgas has replaced Cindy Vimont in this capacity.

Please call my office should you have any questions.

Sincerely,

John M. Schacht

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NORTHWEST FLORIDA

Best Available Copy

Concord Custom Cleaners List of Locations

	Location	·	Facility ID Number
	Concord Custom Cleaners #015 324 N. Monroe St. Tallahassee, FL 32301		37-9502182
√	Concord Custom Cleaners #018 1703 W. Fairfield Dr. Pensacola, FL 32501	0330232	17-9502176
√	Concord Custom Cleaners #019 2910 Kerry Forest Parkway Tallahassee, FL 32308	0730084	37-9502171
1	Concord Custom Cleaners #045 1940-77 North Monroe St. Tallahassee, FL 32303	0730085	37-9502169
/	Concord Custom Cleaners #050 1245 Lafayette St. Tallahassee, FL 32301	07300%	37-9502141
$\sqrt{}$	Concord Custom Cleaners #065 8181-A North Davis Hwy. Pensacola, FL 32514	0330233	17-9502140
1	Concord Custom Cleaners #074 4081 East Olive Pensacola, FL32514	0330234	17-9502138
1	Concord Custom Cleaners #081 400 Capital Circle SE Tallahassee, FL32301	07300871	37-9502137
·/	Concord Custom Cleaners #201 1413 South Monroe Tallahassee, FL 32301	0730088	37-9502135

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NORTHWEST FLORIDA DEP

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name	e of corporation, age	ency, or individual owner):					
	Concord Custom Cleaner	rc						
2.	Site Name (For example, plant name or	number):						
	Concord Custom Cleaner	rs #081						
2								
3.	Hazardous Waste Generator Identificati	on Number:	,					
	FLD-984-169-599							
4.	Facility Location:							
	Street Address: 400 Capital	Ciralo CE						
	or mallabagge	CITCLE SE	7' 0 1 2022					
	City: Tallahassee	County: Leon	Zip Code: 32301					
· 5.	Facility Identification Number (DEP Us	se):						
			0430087					
	Responsible Official							

6.	Name and Title of Responsible Official:
	Cindy Vimont - Environmental Manager
7.	Responsible Official Mailing Address:
	Organization/Firm: Concord Custom Cleaners
	Street Address: P.O. Box 1000
	City: Richmond, KY County: Madison Zip Code: 40476
8.	Responsible Official Telephone Number:
	Telephone: (606) 623-2550 Fax: (606) 624-9185

Facility Contact (If different from Responsible Official)

9.	Name and Title of Facility Conta	ct (For example, plant ma	inager):	
10.	Facility Contact Address:			
	Street Address: City:	County:	Zip Code:	
11.	Facility Contact Telephone Num Telephone: () -		Fax: () -	

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Bureau of Air Monitoring & Mobile Sources

Facility Information

1.(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit									
(I) w/ ref. condenser	#1	OCT -89	OCT-89				_		
(2) w/ carbon adsorber		-0	3 5,7 5,7	-					
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser				-					
(5) w/ carbon adsorber				_					
(6) w/ no controls			-	-					
Dryer Unit		<u> </u>							
(7) w/ ref. condenser				_			-		
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit				ı	1	'		•	
(10) w/ ref. condenser									
(11) w/carbon adsorber							_		
(12) w/ no controls									
(b) Control devices are required, but not yet installed [] (c) No control devices are required to be installed [] 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [
3. What is the facility's source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only.) Existing small area source New small area source Existing large area source [X] New large area source]									
Existing large an	Existing large area source								

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(Indicate with an "X".)	irsuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber []	Refrigerated condenser [
New small area source	
Refrigerated condenser []	
New large area source Refrigerated condenser []	
Kenigerated condenser	
5. A facility which contains non-exempt emissions un to Rule 62-213.300, F.A.C. Verify that all steam and hexemption criteria or that no such units exist on-site:	its shall not be eligible to use the general permit pursuant not water generating units on-site meet the following
All steam and hot water generating units on-site (1) had boiler HP or less), and (2) are fired exclusively by nate during which propane or fuel oil containing no more to	ural gas except for periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	<u>X</u>]
Fauirmant Manitarina an	d Decoudly coming Information
	d Recordkeeping Information
Check all logs which are required to be kept on-site in	accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	[<u>X</u>]
(b) Leak detection inspection and repair	[<u>X</u>]
(c) Refrigerated condenser temperature monitoring	[X_]
(d) Carbon adsorber exhaust perc concentration monitor	oring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	[X]
$m{y}$	

DEP Form No. 62-213.900(2) Effective: 6-25-96

Surrender of Existing Air Permit(s)

Please indica	te with an "X" the appropriate selection:								
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)								
[X]	No air permits currently exist for the operation of the facility indicated in this notification form.								
	Responsible Official Certification								
this notij statemer maintair	I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.								
I will pro	omptly notify the Department of any changes to the information contained in this notification.								
<u>_</u> <u>C</u>	indivinon 9/5/96 Date								
Signatur	e Date								

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	. Facility Owner/Company Name (Name of corporation, agency, or individual owner):						
	Concord Custom Cleaner	s					
2.	Site Name (For example, plant name or n	number):					
	Concord Custom Cleaner	s #081					
3.	Hazardous Waste Generator Identification						
				•			
	FLO-984 - 169 - 599						
4.	Facility Location: Street Address: 400 Capital	Circle	(T				
		County: Le		Zip Code: 32301			
				Constant Marie I.			
5.	Facility Identification Number (DEP Use						
			in Tilen bernebild	0130081			
		•					
		Responsible	Official				
6.	Name and Title of Responsible Official:			- \ \\ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
	Cindy Vimont - Environ	mental i	Manager	,			
7.							
	Organization/Firm: Concord Cu		eaners				
	Street Address: P.O. Box						
	City: Richmond, KY	County:	Madison	Zip Code: 40476			
8.	Responsible Official Telephone Number	·:					
	Telephone: (606) 623-2550		Fax: (606)	624 - 9185			
				·			
	Facility Contact ((If different f	from Responsible C	Official)			
Γα.	Name and Title of Facility Control (Fac	overnul1					
٧.	Name and Title of Facility Contact (For	example, plai	in inanager):				
10.	Facility Contact Address:						
	Street Address:						
	City:	County:		Zip Code:			

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11. Facility Contact Telephone Number:

Telephone: ()

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Fax: (

Bureau of Air Monitoring & Mobile Sources

Facility Information

1.(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

		Date	Date		Date	Date		Date	Date
	ļ	Machine	Control	1	Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID.	Purchased	Installed
Example	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-
Dry-to-Dry Unit									
(1) w/ ref. condenser	#1	OCT -89	OCT-89	i	1				
(2) w/ carbon adsorber	,	961 01	00.7 01						_
(3) w/ no controls									†
Washer Unit				1					
(4) w/ ref. condenser]				_	
(5) w/ carbon adsorber		-							
(6) w/ no controls	-							_	
Dryer Unit			l						
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls	<u> </u>								
Reclaimer Unit							l	1	
(10) w/ ref. condenser									
(11) w/carbon adsorber								· -	
(12) w/ no controls									
(c) No control devices 2.(a) What was the total of	(b) Control devices are required, but not yet installed [] (c) No control devices are required to be installed [] 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?								
(b) If less than 12 mon	ths, h	ow many? [_							
Check why it is less than 12 months: New owner: [] New store: [] Did not keep records: []									
3. What is the facility's so (Indicate with an "X".					initions foun	d in section (3) of	Part II?	
Existing small a	rea sc	ource []	No	ew sr	nall area sou	rce []		
Existing large ar	Existing large area source [X] New large area source []								

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4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)							
Existing large area source Carbon adsorber []	Refrigerated condenser [X]						
New small area source Refrigerated condenser []							
New large area source Refrigerated condenser []							
	nissions units shall not be eligible to use the general permit pursuan steam and hot water generating units on-site meet the following t on-site:						
boiler HP or less), and (2) are fired exclusive	All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.						
All steam and hot water generating units ex No such units on-site	empt X						
Equipment Mon	itoring and Recordkeeping Information						
,	t on-site in accordance with the requirements of this general permit						
(a) Purchase receipts and solvent purchases	[X_]						
(b) Leak detection inspection and repair							
(c) Refrigerated condenser temperature mon	nitoring [X]						
(d) Carbon adsorber exhaust perc concentra	tion monitoring []						
(e) Instrument calibration							
(f) Start-up, shutdown, malfunction plan	[X]						

DEP Form No. 62-213.900(2) Effective: 6-25-96

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:									
	[] I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)								
No air permits currently exist for the operation of the facility indicated in this notification form.									
	Responsible Official Certification								
I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.									
I will promptly notify the Department of any changes to the information contained in this notification.									
 Signature	nd Vimont 9/5/96 Date								

DEP Form No. 62-213.900(2) Effective: 6-25-96

Revised 10/10/96

AIRS ID#: 073 0087

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

			_					
FACILITY NAME:CONC	ORD CUSTO	M CLEA	NERS	#	081	DA	TE:	11/97
FACILITY LOCATION:	400	CAPITAL	CIRCO	LE J	se_			
	TALLAHA	SSEE ,	Fi 32	301				
Annual Reporting Period:	SEPT	3	19 <u>96</u>	то _	APR		//	19 <u>_</u> 97
Based on each term or condition of 62-213.300, Florida Administrative		_	•			npliance with	h DEP Rul	
If NO, complete the following:								
#1. Term or condition of the gene	eral permit that h	as not been in	continuous o	complian	ice during th	Reporting	periori stat	ed-aboye:
Exact period of non-compliance:	from				to	МДҮ	5 1997	
•						DEP, TAL	LAHAS	SEE
Action(s) taken to achieve compli-	ance:					BRANC	H OFFIC	CE
Method used to demonstrate comp	oliance:	-						
#2. Term or condition of the gene	eral permit that h	as not been in	continuous (complian	ace during th	ne reporting	period stat	ed above:
Exact period of non-compliance:	from			t	0	:		
Action(s) taken to achieve compli	ance:							
Method used to demonstrate comp	oliance:							
As the responsible official, I herei made in this notification are true, upon rolling averages of purchase year for transfer or combination J	accurate and co e receipts, does n	mplete. Furth	er, my annu	al consui	mption of pe	rchloroethyi	lene solver	ıt, based
RESPONSIBLE OFFICIAL:	C/NDY V/	ease Print)	<u> </u>	ndy	Uncort Signature	•	_5/	1/97 Date

^{*}This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

AIRS ID#: 073 0087

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

						_	
FACILITY NAME: CONCORT						DATE: _	4/11/97
FACILITY LOCATION:	400 C.	APITAL	CIRC	LE SO			
TK	HLLAHASS	SEE,	Fi 37	301			<u> </u>
· · · · · · · · · · · · · · · · · · ·					<u> </u>		
Annual Reporting Period:	SEPT 3	3	19 <u>96</u>	то	APR	//	19.97
Based on each term or condition of the 62-213.300, Florida Administrative Co							Rule NO
If NO, complete the following:							
#1. Term or condition of the general p	ermit that has i	not been in	continuous	compliance	e during the rep	orting period	I stated above:
Exact period of non-compliance: from				to)		
Action(s) taken to achieve compliance:	<u> </u>						
Method used to demonstrate compliance	:e:						
#2. Term or condition of the general p	permit that has	not been in	continuous	complianc	e during the rep	orting period	l stated above:
Exact period of non-compliance: from	·			to	:		
Action(s) taken to achieve compliance:	:						
Method used to demonstrate compliance	ce:					_	
As the responsible official, I hereby ce made in this notification are true, accuration rolling averages of purchase recyear for transfer or combination facility. RESPONSIBLE OFFICIAL:	urate and comp eipts, does not	olete. Furth exceed 2,10	ier, my annu	al consum	ption of perchlo	roethylene s	olvent, based
	Maille (Fleas	se Fillit)			Signature		Date

^{*}This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

\vee	

TYPE OF INSPECTION: ANNUAL 🗶 COMPLAINT/DISCOVERY RE-INSPECTION ______AIRS ID#: 0730087 TIME IN: 0900 TIME OUT: 6953 EXISTING LARGE TYPE OF FACILITY:____ _____DATE: 4/11/97 CONCORD CUSTOM CLEANERS FACILITY NAME: FACILITY LOCATION: 400 CAPITAL CIRCLE SE TALLAHASSEE FL 32301 RESPONSIBLE OFFICIAL: CINDY VIMONT PHONE NUMBER: 606 - 673 - 2550 Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in K compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.). Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED No obvins problems- a couple of areas with questions, need rule resolution. Obtain determination of need for deverter valve - provide info to company COMMENTS: The Annual Compliance Certification form has been properly certified and submitted to the inspector. NOX YES DATE OF NEXT INSPECTION: (Approximate) RALPH STAPLIN

(Please Print)

PHONE NUMBER: 904-488-3704 INSPECTION CONDUCTED BY: **INSPECTOR'S SIGNATURE:**

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	☑ COMPLAINT/D	ISCOVERY
A720087	"/"	7 1900	
1		7 TIME IN: 0900 1	TIME OUT: 0930
FACILITY NAME:	CONCORD CUS	STOM CLEANETS	
FACILITY LOCATION: _	400 CAPITA	C GRELE SE	
	TALLA HASSE	EE FC 32301	
PART I: NOTIFICATION			
(check appropriate box)			
1. Existing facility notified D	ARM by 9/1/96		Ø. □
New facility notified DARI	M 30 days prior to starti	u p	
3. Facility failed to notify DA	RM to use general perm	nit	
	-		
PART II: CLASSIFICATION)N		
Facility indicated on notification (check appropriate box)	ition form that it is:		
A. 1. Existing small area so dry-to-dry only, x<140 gal transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/9)	/yr (2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91)	
3. Existing large area sordery-to-dry only, 140 <x<2, (constructed="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 9<="" before="" both="" g="" only,="" th="" transfer="" types,=""><th>100 gal/yr 0 gal/yr gal/yr</th><th>4. New large area source dry-to-dry only, 140<x<2,100 (constructed="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" th="" transfer="" types,="" y="" yr=""><th>yr</th></x<2,100></th></x<2,>	100 gal/yr 0 gal/yr gal/yr	4. New large area source dry-to-dry only, 140 <x<2,100 (constructed="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" th="" transfer="" types,="" y="" yr=""><th>yr</th></x<2,100>	yr
This is a correct facility class	ification /	ØY □N	
If no, please check the approp	priate classification:		
	ified for a general permeds above limits and is	it as number above not eligible for a general permit	
B. The total quantity of perch		chased within the preceding 12 mo	nths by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS Is the <u>responsible</u> official of the dry cleaning facility: (check appropriate boxes) Storing perchloroethylene in tightly sealed and impervious containers? Two orders. Examining the containers for leakage? BY □N 3. Closing and securing machine doors except during loading/unloading? no dwetter 4. Draining cartridge filters in their housing or in sealed containers for at DY DN least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DYN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? DY DN PY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DYN DN/A no such Valve condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DN DN condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

4

B.	Has the responsible official of an existing large or new large area source also:			
	Measured and recorded the exhaust temperature on the outlet side of the condenser located			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located			
	on dry-to-dry, reclaimer, and dryer machines on a weekly basis? Same as Q 4 pg 2	DY	ПN	_
2.	Measured and recorded the washer exhaust temperature at the condenser	re		
	inlet and outlet weekly?	YUY	אבן	
	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Is the temperature differential equal to or greater than 20° F? Measured and recorded the perc concentration in the exhaust stream weekly	₽Ŷ	MDA	
3.	Measured and recorded the perc concentration in the exhaust stream weekly			
ĺ	at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	ПY	□N	DN/A
	Is the perc concentration equal to or less than 100 ppm?	ПY	□ N(NA
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,			_
	or expansion; and downstream from no other inlet?	ПY	<u>on</u>	
5.	Equipped <u>transfer</u> machines (dryers, reclaimers, and washers) with individual condenser coils?	ПY	□N	ÐN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ПY	ПN	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	ory on
2. Maintained rolling monthly averages of perc consumption?	DY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	opy on
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	מם אַנּס
4. Maintained calibration data? for direct reading instruments only)	OY ON DAN/A
5. Maintained exhaust duct monitoring data on perc concentrations? (absorbed)	אים צם
6. Maintained startup/shutdown/malfunction plan?	oy on
7. Maintained deviation reports? None submitted or required	OY ON OP
Problem corrected?	OY ON 🐠
8. Maintained compliance plan, if applicable?	OY ON PAN/A

PART VI: LEAK DETECTION AND	REPAIR	S			
1. Does the responsible official conduct	a weekly (for small	sources, bi-weekly) leak detection as	nd repa	ய்ர
inspection?				PY	□N
2. Which method of detection is used by	the respon	nsible off	ficial?		
Visual examination (condensed	solvent or	exterior	surfaces)	9	
Physical detection (airflow felt t	hrough ga	skets)			
Odor (noticeable perc odor)				9	
Use of direct-reading instrumen	tation (FII	D/PID/ca	lorimetric tubes) www.		
If using direct-reading instrum	nentation,	, is the e	quipment:		,
a. Capable of detecting	g perc vap	or concer	ntrations in a range of 0-500 ppm?	□Y	□N
b. Calibrated against a (PID/FID only)?	standard	gas prior	to and after each use	ΠY	□и
c. Inspected for leaks :	and obviou	ıs signs o	f wear on a weekly basis?	\Box Y	□N
d. Kept in a clean and	secure are	a when i	not in use?	\Box Y	□N
e. Verified for accurac	y by use of	f duplicat	te samples (calorimetric only)?	\square_{Y}	□N
3. Has the facility maintained a leak log	?			<u>oy</u>	_N _
4. Does the responsible official check the	e following	g areas fo	or leaks?		
Hose connections, fittings, couplings, and valves	₽Y	ПN	Muck cookers	ПY	GN
Door gaskets and seating	TY	□N	Stills	□ Y	□N
Filter gaskets and seating	BY	ПN	Exhaust dampers	DY	□N
Pumps	QY	ПN	Diverter valves none	□Y	
Solvent tanks and containers	QY	□N	Cartridge filter housings	₽ Y	□N
Water separators	₽¥	N			
CINDY VIMONT Name of Responsible Office	cial				
RALPH STAPLIN			11 APR 9	7	
Inspector's Name (Please Pr	rint) .		Date of Inspe		
Ola Staplin			APP/MAY	98	<i>y</i>
Inspector's Signature			Approximate Date of	Next In	aspection

ADDITIONAL SITE INFORMATION:

VIC machine 1150 Kathy Ward Mgr maintain poundage records of loads 12 mos. usage Pere 235 (rolling ave), manufactured 7/89.

As diverter value required? (63.322(e)(3))
No separate inlet/outlet sensor obvious (63.323(a)(2))

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1000 TIME OUT: 1030 AIRS ID#: 0730087
TYPE OF FACILITY: EXISTING LARGE
FACILITY NAME: CONCORD CUSTOM CLEANERS # 081 DATE: 14 APR 98
FACILITY LOCATION: 400 CAPITAL CIRCLE SE
TALLAHASSEE, FL 32301
RESPONSIBLE OFFICIAL: CINDY VIMONT / STEVE PARKE PHONE NUMBER: 850 - 224 - 2044
Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:
COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED
No moted problems
· · · · · · · · · · · · · · · · · · ·
APR wreau of & Mob
o ir S
APR 1 5 1998 eau of Air Monitor & Mobile Sources
in g
COMMENTS:
<u> </u>
The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: APR/MAY 98
INSPECTION CONDUCTED BY: (Approximate) (Approximate)
INSPECTION CONDUCTED BY: (Please Print) INSPECTOR'S SIGNATURE: (Please Print) PHONE NUMBER: 850 - 488-3704

Page of 1.

Revised 10/96

RECEIVED

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	≥ uc	COMPLAIN	T/DISCOVERY	
AIRS ID#: <u>07300</u> 87	DATE: 14 APK	2 98 TIMI	E IN: 1000	_ TIME OUT:	(030
FACILITY NAME:	CONCORS	CUSTOM	CLEANER	S # 081	
FACILITY LOCATION:	400 CAPITA	CIRCLE	SE		
	TALLA HASS	EE A	3230/		
RESPONSIBLE OFFICIAL	: CINDY VIMON	7/STEVE PAR	EE PHONE:	850 - 224-7	enke 2044
CONTACT NAME:		,			• 11
PART I: NOTIFICATION			_		
(check appropriate box)	N 20 days miss to st				
1. New facility notified DAR	• •	-			_
2. Facility failed to notify DA	RIM to use general p	emut			
DADENT, OF ACCIDICATION) N				
PART II: CLASSIFICATIO		· 	DATE OF		
Facility indicated on notification (check appropriate box)	ation form that it is:	•	☐ No notific ☐ Drop stor	cauon form e/out of business/	petroleum
A.			_	_	Ī
1. Existing small area so dry-to-dry only, x < 140 gr			ill area source aly, x < 140 gal/ya		Bureau of Air & Mobile
transfer only, x < 200 gal/	-		y, x < 200 gal/yr	•	& N
both types, x < 140 gal/yr			: < 140 gal/yr		of
(constructed before 12/9/9	1)	(constructed	on or after 12/9/9	91)	
3. Existing large area so	urce 🕱	4. New lars	ge area source		Monitoring Sources
dry-to-dry only, $140 \le x \le$		•	nly, $140 \le x \le 2,1$	00 gal/yr	nito
transfer only, $200 \le x \le 1$,			$y, 200 \le x \le 1,800$		s oring
both types, $140 \le x \le 1,80$			$40 \le x \le 1,800 \text{ g}$	•	<i>5</i> 04
(constructed before 12/9/9	1)	(constructed	on or after 12/9/9	91)	
5. This is a correct facility	classification		I □Can not d	etermine Bul	t w 89
·				etermine Bul	condenser
If no, please check the	he appropriate classi cility qualified for a g				
	cility quantied for a good lity exceeds above l				
B. The total quantity of perc	hloroethylene (nerc)	nurchased with	in the preceding 1	2 months by this	dry cleaning
facility was 165 gallo	70	_	in the proceeding i	.2 mondis by dus	ary creating
,	115. as of 31 Ma	4 4 X			

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility: (check appropriate boxes)

- 1. Storing perchloroethylene in tightly scaled and impervious containers? Tank
- Y ON ON/A

2. Examining the containers for leakage?

Y ON ON/A

3. Closing and securing machine doors except during loading/unloading?

ZY ON

4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?

- Y ON ON/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?
- DY DN PN/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

- A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)
- 1. Equipped all machines with the appropriate vent controls?

BY ON

2. Equipped dry-to-dry machines with a closed-loop vapor venting system?

- DY ON ON/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Has delay feature.
- ey on on/a
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?
- no Ye
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?
- BY ON ON/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?
- UN YE

B.	Has the responsible official of an existing large or new large area source also:			·
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?		ND	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?		,	□N/A
	Is the temperature differential equal to or greater than 20° F?	PY	ΠN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	ΠY	ΠИ	<u>H</u> V/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПИ	FDN/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,			
	or expansion; and downstream from no other inlet?	ΠY	□N	UN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ПИ	⊕N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ΠИ	₽N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	·
1. Maintained receipts for perc purchased?	BY ON
2. Maintained rolling monthly averages of perc consumption?	ey on
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON ON/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN BNA
5. Maintained exhaust duct monitoring data on perc concentrations?	Y ON ON/A
6. Maintained startup/shutdown/malfunction plan? Ops Manual	₽ Y □N
7. Maintained deviation reports? None neg.	ON ON/A
Problem corrected?	DY ON ON/A
8. Maintained compliance plan, if applicable?	ey on on/a

P.	ART VI: LEAK DETECTION AND RI	EPAIRS		
l.	Does the responsible official conduct a w	cekly (for small sources, b	i-weekly) leak detection an	d repair
	inspection?			NO YE
2.	Has the facility maintained a leak log?			D Y ON
3.	Does the responsible official check the fo	ollowing areas for leaks?	ê	
	Hose connections, fittings, couplings, and valves	ey □n □n/a .	Muck cookers	□Y □N □N/A
	Door gaskets and seating	TY ON ON/A	Stills	TY ON ON/A
	Filter gaskets and seating	TY ON ON/A	Exhaust dampers	TY ON ON/A
	Pumps	₽Y □N □N/A	Diverter valves	M ON ON/A
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	Y ON ON/A
	Water separators	OY ON ON/A		
4.	. Which method of detection is used by th	e responsible official?		
	Visual examination (condensed so	lvent on exterior surfaces)		
	Physical detection (airflow felt three	ough gaskets)		
	Odor (noticeable perc odor)			9
	Use of direct-reading instrumentat	ion (FID/PID/calorimetric	tubes)	-
	Halogen leak detector		-	-
	If using direct-reading instru	mentation, is the equipm	ent:	⊡ N/A
	a. Capable of detecting p	erc vapor concentrations i	n a range of 0-500 ppm?	□Y □N
	b. Calibrated against a st (PID/FID only)?	andard gas prior to and af	ter each use	□Y □N
	c. Inspected for leaks and	d obvious signs of wear on	a weekly basis?	□Y □N
	d. Kept in a clean and se	cure area when not in use	?	□Y □N
	e. Verified for accuracy b	by use of duplicate samples	s (calorimetric only)?	□Y □N
		1		

Path Staplin 14 APR 98

Inspector's Name (Please Print) Date of Inspection

Approximate Date of Next Inspection

VIC Model 1150HR Der & P7-89-1055-4 (July 1989)

Have separator / shell / cooker

No Zero Waste or agriculated

(tas a refrigirated condenser

Itas containment havier and impervious decking (paint)

Haz waste storage seems ok; separator water

quality unknown

Store #: To be completed at the end of each month

1998

CONCORD CUSTOM CLEANERS PERC PURCHASE LOG

MONTH OF PURCHASE	QUANTITY PURCHASED THIS MONTH 1997*	QUANTITY PURCHASED THIS MONTH 1998*	TOTAL QUANTITY PURCHASED IN PAST 12 MONTHS (GALLONS)**	INITIALS
		+	175	KW
JAN	40	75	160	KW
FEB	0	.0	140	KU
MAR	30	3.5	16 5	
APR	O			
MAY	75			
JUNE	O			
JULY	25	·		
AUG	0			
SEPT	15			
OCT	15			
NOV	25			
DEC	0	·		8
	175			S NODIE GOURCES

* If no purchases were made in that month, record zero (0) gallons purchased.

** Total quantity purchased in past 12 months must be calculated each month by adding the new month's purchase to the preceding I1 months.

CONCORD CUSTOM CLEANERS DRY CLEANING MACHINE INSPECTION

The following components must be checked EVERY SATURDAY for perceptible or potential leaks while the dry cleaning system is operating. Perceptible leaks are those that are detectible by odor, visual observation (such as pools or drops), and touch when passing fingers over equipment:

- 1. Hose and pipe connections,
- 4. Pump
- 8. Still
- 11. Cartridge filter housing

- fittings, couplings, and valves
- 5. Perc tanks
- 9. Exhaust dampers
- 12. Containment System

- 2. Door gaskets/seatings 3. Filter gaskets/seatings
- 6. Water separator 7. Muck cooker
- 10. Diverter valves
- 13. Perc containers

DATE	LEAKY COMPONENT(S)* (write "none" if no deficiencies are found)	DATE PART ORDERED	DATE PART RECEIVED	DATE REPAIR COMPLETED	CONDENSER TEMP. (F°)**	INSPECTED BY
JAN 3	nove				34	P.H.
10	John				34	54
18	some -				34	5H,
24	None			,	33	1621
31	None				3.3.	162
FEB 7	Nonz				34	1KY,
14	none	<u> </u>			34	36
21	Nu	•	-,		34	JX
28	None				37	1
MAR 7	Michael				3.3	KAR.
14	NONG				39	NO
21	NONC				3'6	Ku'
28	Nerce				37	1him
APR 4	None		<u> </u>		36	12
11	.VONE				35	KG
18						
25						
MAY 2						•
9	·					
16						
23						
30						
JUN 6					_	
13						
20				·		
27						
		1				

- * Repairs must be made within 24 hours. If parts are needed for repairs, they must be ordered within 2 days and repairs made within 5 days after parts are received.
- made within 5 days after parts are received.

 ** Read on outlet side of refrigerated condenser during low speed cool down or deodorizing cycle. Temperature must be 4 be degrees Fahrenheit (F) or less. Adjust if necessary.

 This form is to be posted on the dry cleaning machine.

 This form must be maintained in store files for 5 years.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔀 C	OMPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 1/05	TIME OUT://	ZeAIRS ID#:	0730087
TYPE OF FACILITY:	EXISTING LARGE		
	CONCORD CUSTON CLE	MERS # 081	DATE: 12 apr 89:
FACILITY LOCATION:	400 CAPITM CIRCL		
	TALLAHASSEE, FL 3		J
RESPONSIBLE OFFICIAL:_	CINDY VIMONT / STENE	PARKE PHONE NUMBI	ER: 850 224 2044
	of the compliance requirements ever P Rule 62-213.300, Florida Admin		facility is found to be in
Based on the results of discrepancies were no	of the compliance requirements evo oted:	aluated during this inspection, the	following compliance
COMPLIANCE RE	QUIREMENT/PROBLEM	FOLLOW-UP AC	TION REQUIRED
no poblens			
/	,		P
			APR 1 Bureau of 8. Mob
			APR 1 9 1999 APR 1 9 1999 Air Monitoring Sources 8. Mobile Sources
· .	<u>-</u>		
	,		1999 Ir Mon
			onite
	•	<u> </u>	ring
			V -
•			
COMMENTS:			·
	~		
The Annual Compliance Cert	ification form has been properly co	ertified and submitted to the inspec	ctor. YES NO
DATE OF NEXT INSPECT	TION: May / for	ne wow	
	Ralas	(Approximate)	
INSPECTION CONDUCTE	ED BY:	(Please Print)	
INSPECTOR'S SIGNATUR	RE: The Staplin	PHONE NUMB	ER: 850 484 3704
	Pag	1 .	Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTIO	COMPLAINT/DISCOVERY
AIRS ID#: 0730087 DATE: 12 Apr FACILITY NAME: CONCORD CUST	99 TIME IN: 1/05 TIME OUT: 1/20
FACILITY LOCATION: 400 CAPITM	CROCE SE
TALLAHASSEE	F / R 32301
RESPONSIBLE OFFICIAL: STEVE PARK	E PHONE: 850 224 2044
CONTACT NAME: KATIFY WARD	PHONE: 850 878 1517
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	rtup 🗆 🗅
2. Facility failed to notify DARM to use general pe	ermit
-	
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box) A.	☐ No notification form ☐ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
5. This is a correct facility classification	ŻY □N □Can not determine
	ication: eneral permit as number above mits and is not eligible for a general permit
B. The total quantity of perchlorocthylene (perc) perchlorocthylene (pe	ourchased within the preceding 12 months by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly scaled and impervious containers? MY ON ON/A AV ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? MU YE 4. Draining cartridge filters in their housing or in sealed containers for at XXY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN **E**N/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? MY DN MY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY MIN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated XY DN condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the MY ON ON/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after MY DN verifying that the coolant had been completely charged?

and the first of the second of the second

B.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	Δ Υ	ПИ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	□n k ∫n/A	A
	Is the temperature differential equal to or greater than 20° F?	$\Box Y$	DN X N/A	A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΩY	_n ∆ n/.	A
	Is the perc concentration equal to or less than 100 ppm?		□N ¤ N/A	
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΩY	□и Ж и/л	A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ои Жил	A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ואלש אם	A

PART V: RECORDKEEPING REQUIREMENTS		
Has the responsible official: (check appropriate boxes)		
1. Maintained receipts for perc purchased?	M□ M¥	
2. Maintained rolling monthly averages of perc consumption?	Þ (Y □N	
3. Maintained leak detection inspection and repair reports for the following:		
a. documentation of leaks repaired w/in 24 hrs? or;	X y □n □n/a	
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	X y on on/a	
4. Maintained calibration data? (for applicable direct reading instruments)	oy on X v/a	
5. Maintained exhaust duct monitoring data on perc concentrations?	XY ON ON/A	
6. Maintained startup/shutdown/malfunction plan?	XY □N	
7. Maintained deviation reports?	A/M M YX	
Problem corrected?	AVY DN DN/A	
8. Maintained compliance plan, if applicable?	Ø√ ON ON/A	

PA	PART VI: LEAK DETECTION AND REPAIRS						
1.	Does the responsible official conducta	wcekly for	small sources, b	i-weekly) leak detection an	id repa	 air	
	inspection?				M Y	. 🗆	N
2.	Has the facility maintained a leak log?				XY		и
3.	Does the responsible official check the	following a	reas for leaks?				
	Hose connections, fittings, couplings, and valves	⊠(y □n	□N/A	Muck cookers	ХY	ו אם	⊃N/A
	Door gaskets and seating	MY ON	□N/A	Stills	M Y	□N [⊃N/A
	Filter gaskets and seating	DXY □N	□N/A	Exhaust dampers	X	□N [□N/A
	Pumps	X Y □N	□N/A	Diverter valves	ĽΥ	□и≀	2 (V/A
	Solvent tanks and containers	XY DN	□N/A	Cartridge filter housings	XY	□и□	□N/A
	Water separators	M Y ON	I □N/A				
4. Which method of detection is used by the responsible official?							
	Visual examination (condensed s	olvent on e	xterior surfaces)		X		
	Physical detection (airflow felt through gaskets)			X			
	Odor (noticeable perc odor)			凤			
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)			-			
	Halogen leak detector			•	X		
	If using direct-reading instr	umentatio	n, is the equipm	nent:		/A	
	a. Capable of detecting	perc vapor	concentrations i	n a range of 0-500 ppm?	ΠY	□N	
	b. Calibrated against a s (PID/FID only)?	standard ga	s prior to and af	ter each use	ΩY	□N	
	c. Inspected for leaks ar	nd obvious	signs of wear on	a weekly basis?	ΩY	ПИ	
	d. Kept in a clean and s	secure area	when not in use	?	ΩY	ПИ	
	e. Verified for accuracy	by use of d	luplicate sample	s (calorimetric only)?	ΠY	ПИ	
		•					-
		•					

RAJA A Staplin 12 Am 99

Inspector's Name (Please Print)

Date of Inspection

May function

Approximate Date of Next Inspection

AIRS ID#: <u>0730087</u>

Revised 01/18/00 \

Bush

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: CONCORD CUSTON CLEANERS # 081 DATE: 1 Aug 00
FACILITY LOCATION: 400 CAPITAL CIRCLE BE
Starphore [1 3736]
AU GA 200
Annual Reporting Period: April 1999 20 TO Aug. Cicuitup Seculon 20 00
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from to
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print) *This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.
Page of DEP TALLAMASSES

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL C	OMPLAINT/DISCOVERY [RE-INSPECTION .
TIME IN: 10:30	TIME OUT:	AIRS ID	± 0730087
TYPE OF FACILITY:			
FACILITY NAME: CON	CORD CUSTOM (JEANERS #	081 DATE:] AUG 00
FACILITY LOCATION: 4	X CAPITAL CIRC	18 SE	<i>T</i>
	tuphassee FL	32301	
RESPONSIBLE OFFICIAL:	GNDY VINONT	PHONE NUI	MBER: <u>850 224 2044</u>
التها	the compliance requirements eva Rule 62-213.300, Florida Admini		the facility is found to be in
Based on the results of to	the compliance requirements eva d:	aluated during this inspection,	the following compliance
COMPLIANCE REQU	UIREMENT/PROBLEM	FOLLOW-UP	ACTION REQUIRED
NO DROBLEMS	Noted	NONE	
' '	•	•	
		<u> </u>	
,			
			· · · · · · · · · · · · · · · · · · ·
			,
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COMMENTS:			
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The Annual Compliance Certific	cation form has been properly ce	rtified and submitted to the in	spector. YES NOV
	111 00)()	
DATE OF NEXT INSPECTIO	11. <u>3010</u>	(Approximate)	· · · · · · · · · · · · · · · · · · ·
INSPECTION CONDUCTED		LOOUN	·
DOTTON CONDUCTED		(Please Print)	
INSPECTOR'S SIGNATURE	: Marcella X	PHONE NUI	MBER: 408 3704
	Page	of	Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	<u> </u>	COMPLAINT/DISCOVE	RY 🗆
airs id#: 0730087 facility name: <u>Con</u>	i i	7		JT: 11:45
FACILITY LOCATION:	Tauphasser	FL	32301	
RESPONSIBLE OFFICIAL:		NH	PHONE: <u>850 22</u>	42044
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM	30 days prior to startup			
2. Facility failed to notify DAR	M to use general permit	<u>-</u>		
PART II: CLASSIFICATION	<u> </u>			
Facility indicated on notification (check appropriate box) A.		Jawamali	☐ No notification form ☐ Drop store/out of busin	ess/petroleum
1. Existing small area sour dry-to-dry only, x < 140 gal/transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	yr dry- tran both	to-dry only sfer only, > types, x <	x < 140 gal/yr x < 200 gal/yr 140 gal/yr n or after 12/9/91)	
3. Existing large area sour dry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ (constructed before $12/9/91$)	,100 gal/yr dry- 00 gal/yr tran gal/yr botl	to-dry only sfer only, 2 types, 140	area source $?$, $140 \le x \le 2,100 \text{ gal/yr}$ $200 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ an or after $12/9/91$)	
5. This is a correct facility of	lassification 🔲 Ƴ	. DN	□Can not determine	
☐ facil	appropriate classification ity qualified for a general ity exceeds above limits a	permit as r	number above igible for a general permit	an at the same
B. The total quantity of perchl facility was 275 gallons		sed within	the preceding 12 months by	this dry cleaning

B.	Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	DY DN .
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
ll I	Is the temperature differential equal to or greater than 20° F?	DY DN DN/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/A
ļ	Is the perc concentration equal to or less than 100 ppm?	MY ON ON/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	מארם אם אם
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	DY DN DN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	DY ON ON/A

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: DY ON ON/A a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days DY DN DN/A and parts installed w/in 5 days of receipt? DY ON ON/A 4. Maintained calibration data? (for applicable direct reading instruments) DY ON ON/A 5. Maintained exhaust duct monitoring data on perc concentrations? אם אַם 6. Maintained startup/shutdown/malfunction plan? DY ON ON/A 7. Maintained deviation reports? MY ON ON/A Problem corrected? BY ON ON/A 8. Maintained compliance plan, if applicable?

ราชอยูลเป็นแร่ที่ได้ละ (ค.ศ. พ.ณ์ตัวแค.ศ.) - ADDITIONAL SITE INFORMATION:

-temp below 45°F -Record Keeping IN ORDER



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 0730087

CONCORD CUSTOM CLEANERS CINDY VIMONT PO BOX 1000 RICHMOND KY 40476 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1 Fund: 20-2-035001

Obj.: 002273



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CONCORD CUSTOM CLEANERS #081
CINDY VIMONT
PO BOX 1000
RICHMOND KY 40476

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

* STICKER AT TOP OF ENVELOPE * TOP OF ENVELOPE * FOLD AT DOTTED LINE	LOT CETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the revisor that we can return the card to you. Attach this card to the back of the mailpor on the front if space permits. Article Addressed to: AIRS ID # 0730087001AG PHIL GORGAS 	erse C. Signature
CONCORD CUSTOM CLEANERS #08I PO BOX 55910 LEXINGTON KY 40555-5910	3. Service Type Certified Mail
2. Article Number (Copy from service label)	4. Restricted Delivery? (Extra Fee)
70000600.00264130	Omestic Return Receipt 102595-99-M-1789

CERTIFIE	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Ordy; No Insurance Coverage Provided)		
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PHIL GORGA CONCORD CU Si PO BOX 55910 LEXINGTON K	STOM CLEANERS #081		

Best Available Copy

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Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

· . . . i . .

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AIRS ID # 0730087

CONCORD CUSTOM CLEANERS #081

CINDY VIMONT COMPLIANCE DIRECTOR

PO BOX 1000 PO BOX 55910

RICHMOND KY 40476- LEXINGTON, KY 40555 - 5910

UJUS 8 NAI.

Bureau of Air Monitoring

& Mobile Sources

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273

01-04-012

Tomplete items 3, 4a, and 4b. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date		I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	ceipt Service.
AIRS ID#: 0730087 CONCORD CUSTOM CLEANERS CINDY VIMONT PO BOX 1000 RICHMOND KY 40476	P26 4b. Service ☐ Registere ☐ Éxpress I ☐ Return Rec	Type Ind Certified Mail Insured Cepipt for Merchandise COD	for using Return Re
5. Received By: (Print Name) 6. Signature: (Addressee) or Agent) PS Form 3811 Proceedings 1906		paid)	Thank you
	■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we card to you. ■ Attach this form to the front of the mailpiece, or on the back if space permit. ■ Write "Return Receipt Requested" on the mailpiece below the article. ■ The Return Receipt will show to whom the article was delivered and delivered. 3. Article Addressed to: AIRS ID#: 0730087 CONCORD CUSTOM CLEANERS CINDY VIMONT PO BOX 1000 RICHMOND KY 40476 5. Received By: (Print Name)	■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered. 3. Article Addressed to: AIRS ID#: 0730087 CONCORD CUSTOM CLEANERS CINDY VIMONT PO BOX 1000 RICHMOND KY 40476 5. Received By: (Print Name) 8. Addressed and fee is	■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered. 3. Article Addressed to: AIRS ID#: 0730087 CONCORD CUSTOM CLEANERS CINDY VIMONT PO BOX 1000 RICHMOND KY 40476 AIRS ID#: 0730087 Service Type Registered Return Receipt for Merchandise Return Receipt for Merchandise Return Receipt for Merchandise COD 7. Date of Delivery S. Received By: (Print Name) 8. Addressee's Address (Orily if requested and fee is paid)

_bP 265 302 325

US Postal Service Receipt for Certified Mail

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PS Form 3800 , April 1995	Special Delivery Fee		
	Restricted Delivery Fee		
	Return Receipt Showing to Whom & Date Delivered		
	Return Receipt Showing to Whom, Date, & Addressee's Address		
800,	TOTAL Postage & Fees	\$	
S Form 3	Postmark or Date 2/17/97		
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No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

AIRS ID 0730087
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CINDY VIMONT
PO BOX 1000
RICHMOND **RICHMOND KY 40476**

Jorni Soud, April 1995	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to Whom & Date Delivered	
	Return Receipt Showing to Whom, Date, & Addressee's Address	
	TOTAL Postage & Fees	\$
= כ	Postmark or Date	
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PS Form **3800**, April 1995